2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000002191

1. Entity Name

CRUZ APARTMENTS, LLC



FILED Feb 14, 2003 8:00 am Secretary of State 02-14-2003 90065 010 ****55.00

Date at a 11 Dt												
Principal Plac	e of Busines:	\$	М	lailing Address								
8788 S.W. 8TH STREET MIAMI FL 33174-3201				8788 S.W. 8TH STREET								
MIAMI FL 33174	4-3201		MIA	AMI FL 33174-3201								INITE WENTER
2. Principal Place of Business			3.	3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State				City & State			4. FEI Nu	4. FEI Number 65-1003039 Applied For Not Applica				
Zip		Country		Zip	Coun	try	5. Certific	cate of Sta	tus Desired	•	\$5.00 A	dditional
	6 Name	and Address of Cui	rrent Begis	stered Agent			7. Name	and Addre	ess of New	Registered		
			Tront Hogic	stored Agent		Name				<u> </u>		
PAGLIERY, SERGIO A ESQ. ONE S.E. 3RD AVENUE, SUITE 1940 MIAMI FL 33131			940	-		Street Add	Street Address (P.O. Box Number is Not Acceptable)					
												
						City			.=	FL	Zip Co	de
8. The above	named entit	v submits this statem	ent for the i	purpose of changing its	register	ed office or re	egistered agent, or	r both, in th	ne State of F	lorida. I am	familiar with	n, and accept
	ions of regist		•		J		•					
SIGNATURE .												<u>.</u>
	Signature, typed	or printed name of registered	agent and title	if applicable. (NOT	E: Registere	d Agent signature	required when reinstating	g)		DATE		
				FILE N	OW!!! I	FEE IS \$50	0.00					
				Make Check Payab		_	ertment of State	9				
	_					orida Depa ay 1, 2003	artment of State	9				
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indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I a limited liability company or the receive trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE